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Substitute for Form PTO-875								Application or Docket Number		
		. CLAIMS	S FILE	D – PART I						
(Column 1) (Column 2)						SMALL	SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
BAS	FOR SIC FEE	NUN	NUMBER FILED		BER EXTRA	RATE	FEE	7		
	CFR 1.18(a)) AL CLAIMS							1	RATE	FEE
. (37	CFR 1.16(c))		minus 20 =				\$	OR		\$
(37	EPENDENT CLA CFR 1.18(b))	IMS	minus 3 =			X \$=	ļ	O.K	X \$=	
MUL	TIPLE DEPEND	ENT CLAIM PRES		(37 CFR 1.16(d))		X \$=	<u> </u>	OR	× \$=	
		+\$=		OR	+ \$=					
	he difference in	TOTAL		OR.	TOTAL					
Λ	C	LAIMS AS AI	MENDE	O PAŖT II			•			
'1	.1L.D	(Column 1)		(Oakuu 8)						
Α	100	· CLAIMS	T :	(Column 2) HIGHEST	(Column 3)	SMALLE	YTITM	. OR	OTHER SMALL	THAN FNTITY
	٠.	REMAINING AFTER	ŀ	NUMBER PREVIOUSLY	PRESENT	RATE	ADDI-			
间	Total	AMENDMENT		PAID FOR	EXTRA'	\	TIONAL FEE	ŀ	RATE	ADDI- TIONAL
AMENDMENT	(37 CFR 1.18(c)) Independent		Minus	32	= -	x \$_ =			1	FEE
ME	(37 CFR 1.18(b))	13	Minus	" 21	=	X \$ =	/	OR	× 2 =	
₹	FIRST PRESENT	TATION OF MULTIF	LE DEPEND	DENT CLAIM . (37 C	ER 1.16(d))		-	OR	X \$=	\
(v. a.v. i.o(q))						+\$ = TOTAL		OR	+ \$=	
		6				ADD'L FEE		OR.	TOTAL ADD'L FEE	
a		. (Column 1) CLAIMS	 	(Column 2)	(Column 3)	-		:	•	
		REMAINING AFTER		NUMBER	PRESENT	RATE	ADDI-			
힐	Total	AMENDMENT	ļ	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE		RATE	ADDI- TIONAL
ENDMENT	(37 CFR.1.16(c))	``	Minus	**	=	X \$ ==	FEE			FEE
AME	Independent (37 CFR 1.16(b))		Minus	***	= · ·			OR	X \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					× \$=		OR	X \$=	
		· · · · · · · · · · · · · · · · · · ·		(0, 0,	1. 1. 10(u))	+ \$ = TOTAL		OR	+\$=	
		•				ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1) · CLAIMS		(Column 2)	(Column 3)	_			-	
기		REMAINING	{	HIGHEST NUMBER	PRESENT	RATE	ADDI	- 1		
ᇑ	· ·	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	1	ADDI- TIONAL	ł	RATE	ADDI- TIONAL
[∆	Total (37 CFR 1.18(e))	•	Minus	**	=		FEE	ŀ		FEE
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	- 2	× \$=		OR	X \$=	
{	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					× \$=		OR	x \$=	
				(07 CF	1. 1.10(u))	+ \$ =		OR	+ \$=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" In column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								TOTAL ADD'L FEE	
***	If the "Highest N	lumber Previously	Cold Car	IN THIS SPACE I	is less than 20, e	nter "20".			L	
	The "Highest Nu	mber Previously I	aid For" ("Y THIS SPACE IS	s less than 3, ent	er "3".			•	•

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the use) including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.